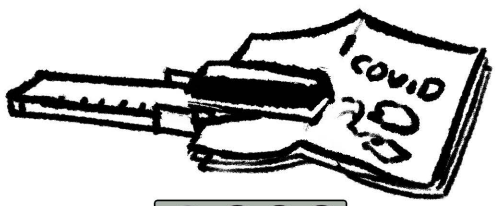
"Every chain of transmission that is broken is VALUABLE. Every person that doesn't GET SICK, that doesn't lose that WEEK of WORK, that doesn't become DISABLED or DIE, from the minorest of inconveniences, to the GREATEST of losses: every single one of those things is VALUABLE."

-Becca on DEATH PANEL
podcast 2/16/23

Print and distribute this zine yourself!
Download a PDF here.



CC BY NC ND

citations:

newlevant.com/COVIDzine

ALWAYS FREE

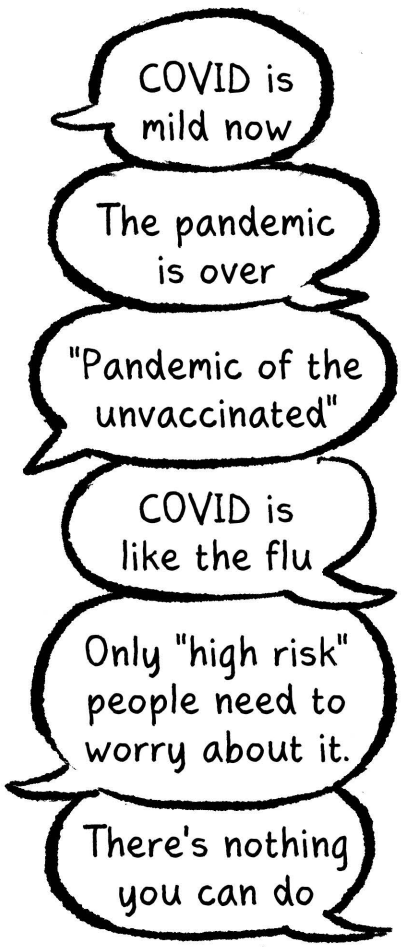
WHAT'S UP WITH COVID AND HOW TO PROTECT YOURSELF

2024 EDITION

feat. ADVANCED COVID safety tips!

by HAZEL NEWLEVANT

Unless you make it a hobby to follow COVID news and studies, you're probably going off old info.


COVID is mild now
The pandemic is over
"Pandemic of the unvaccinated"
COVID is like the flu
Only "high risk" people need to worry about it.
There's nothing you can do

Businesses have a clear interest in ***YOU*** not worrying about COVID,[1] and governments want to claim "victory" by hiding the problem.[2]

They want you at work, shopping, traveling, and going to events just like you did in 2019--***NOT*** demanding sick pay, clean air infrastructure upgrades, etc.

The CDC didn't want to admit COVID is airborne because it would open employers up to workplace safety lawsuits.[3]

Masks are a visual reminder of the ongoing danger.

In a 2020 study, people who complied with mask mandates spent ***25% less time shopping.***[4]

In 2021, the CDC shortened their COVID isolation guidelines . . . at the request of Delta Airlines' CEO.[5]

early treatment

Paxlovid is an anti-viral medication and lowers Long COVID risk by ~25%.[64] It's prescribed for those at increased risk of severe illness . . . which is 75% of U.S. adults.[65] It must be started within 5 days of symptoms.

Ideally, you can a Paxlovid prescription from home with a telehealth doctor visit. More options:

Find a ***Test to Treat*** site (free prescriber visit) and/or a ***Paxlovid Patient Assistance Program*** site (free Pax for elligible people).

treatments.hhs.gov

In New York State, you can get assessed through ***Virtual ExpressCare*** or by calling ***212-COVID-19***.

ondemand.expresscare.video/landing

(outrageously insufficient, i'm sorry!!)

Here are the non-prescription meds and supplements that RTHM, a Long COVID clinic, recommends to reduce symptoms and risk of developing Long COVID:

H1 blockers (Allegra, Claritin, Zyrtec, Xyzal)
H2 blockers (Zantac, Pepcid, Tagamet, Axid)
Low-dose Aspirin
Colloidal Silver nasal spray and gargle
Nattokinase
N-Acetyl-L-Cystein (NAC)
Curcumin (turmeric)
Multivitamin with Vitamin D3
Melatonin
Alpha Lipoic Acid (if noticing increased heart rate)

Read why:
rhtm.com

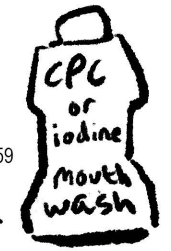
I have COVID, now what??

What I'm planning to do if/when I get COVID again. Not medical advice. I am not a doctor.

People's CDC has a detailed "What to Do if You Have COVID" guide. Gather supplies *before* you get sick!

There's Still a Chance to Stop the Spread!

Reduce the chances of infecting others in your household by isolating ASAP, ventilation, and everybody wearing masks. *People stay infectious for at least 10 days!* [59] After that, test to find out if you're negative.



to kill virus in mouth

Don't go out if you can help it. If it's an emergency that can't be delegated or postponed, *wear a respirator!!!*

(In a catch-22, you may need results from an in-person PCR test to get disability benefits or Long COVID care down the road. [60])

REST.

Dehydration is also linked to Long COVID, [61] so drink up!

Inadequate rest can *worsen* or potentially even *cause* Long COVID.[62] *Don't work out!!* Avoid exertion as much as possible, during infection and in the weeks after. Rest and pacing are also crucial for dealing with chronic fatigue syndrome, a common Long COVID condition.[63]

Here's the real tea:

COVID is airborne & moves like smoke.

Because the virus is transmitted by respiratory aerosols[6]--the fog that you can see exhaled on a cold day.

Could you smell if someone was smoking? Then you could inhale their COVID virus.

This is why *airflow*, *filtration*, and *limiting contacts* are key to stopping infections.

Six feet apart ≠ safe

That's old news, from when scientists *hoped* COVID was mainly spread by large droplets.

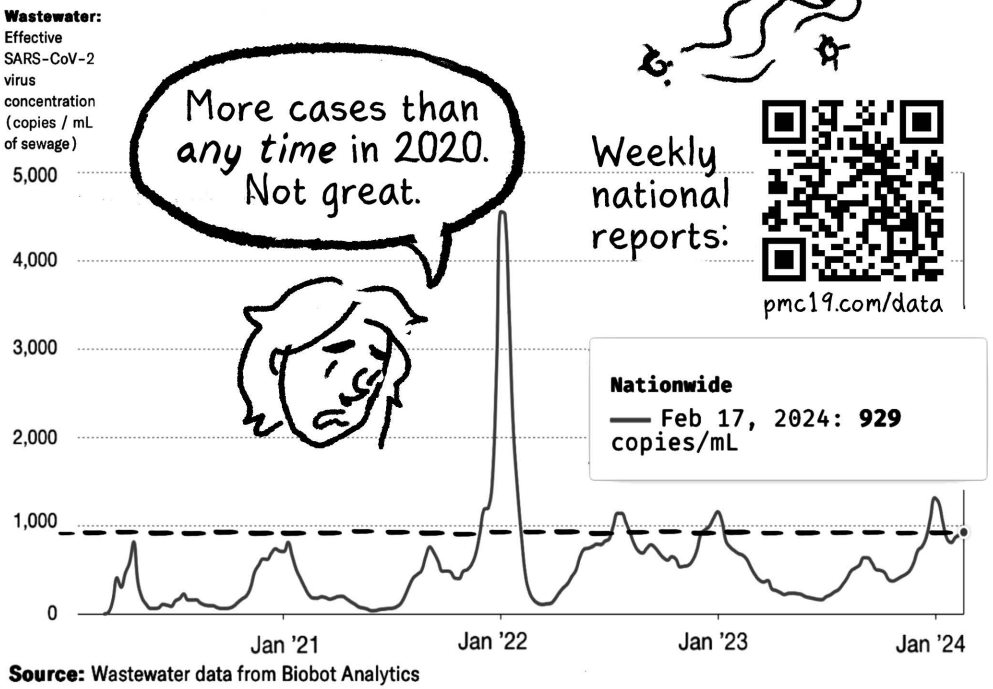
Turns out, it can hang in the air for hours.[7]

COVID is still everywhere.

At least half of COVID spread is from people who don't (yet) have symptoms.[8]

With no paid sick leave and too-short isolation guidelines, people are regularly forced to work while infectious.[9]

The CDC stopped tracking COVID tests,[10] so now the best way we have to estimate how many people have COVID: *wastewater testing*.[11] Virus levels in sewage closely follow actual cases.



Source: Wastewater data from Biobot Analytics

Weekly national reports:

pmc19.com/data

Extra Precautions:

SARS-CoV-2 primarily infects in the upper respiratory tract, so it makes sense to target treatment there.[53] Some nasal sprays have been shown in studies to reduce the risk of getting COVID!

COLLOIDAL SILVER

mouthwash + nasal rinse reduced healthcare workers' risk of infection by *84.8%* in one RCT.[54]

IOTA-CARRAGEENAN

nasal spray reduced HCW's risk of infection by *80%* when dosed 4x daily in one RTC.[55]

Povidone-iodine mouthwash

reduces viral load in the mouth, though how well this prevents infection is unknown.[57]

NITRIC OXIDE

nasal spray reduced infection risk by *75%* when taken 4x daily after COVID exposure for 10 days, in a preliminary study.[56]

S. Salivarius K12 Probiotic

losenges reduced upper respiratory tract infections by *65%* among HCWs in one RCT.[58]

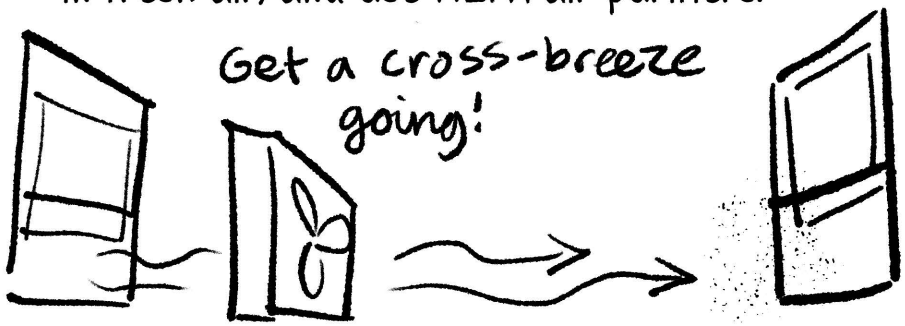
NOT A SUBSTITUTE FOR MASKS AND CLEAN AIR!!

The evidence base is much smaller and they won't stop you from spreading COVID if you *DO* get infected. But it's good to have many layers of protection!

Go outside for more airflow to disperse the virus!

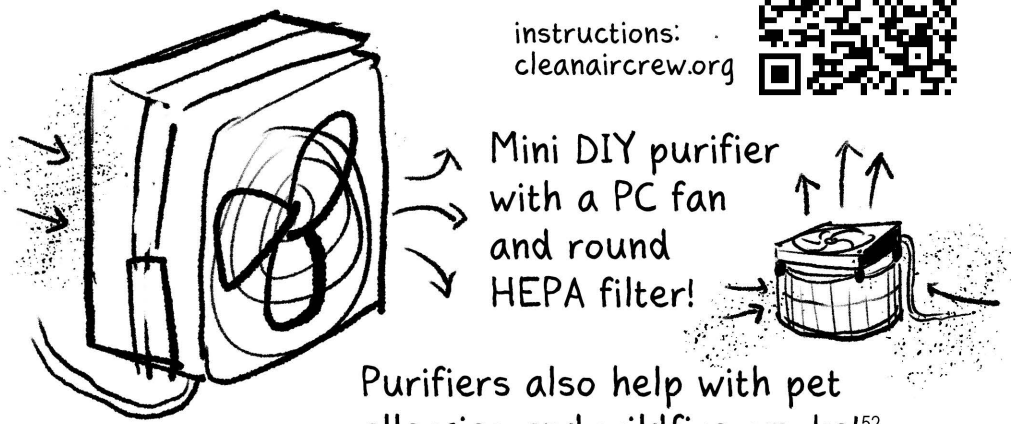
Outdoor COVID transmission is still possible, but it's much safer than an enclosed space.[50]

Failing that, open windows, run fans to pull in fresh air, and use HEPA air purifiers.[51]



You can make a DIY air purifier by taping a furnace filter to a box fan.

instructions:
cleanaircrew.org



Purifiers also help with pet allergies and wildfire smoke![52]

Biobot Wastewater Level (copies/mL)	% Infectious	Chances Infectious
100	0.3%	1 in 328
200	0.6%	1 in 164
300	0.9%	1 in 109
400	1.2%	1 in 82
500	1.5%	1 in 66
600	1.8%	1 in 55
700	2.1%	1 in 47
800	2.4%	1 in 41
900	2.7%	1 in 36
1000	3.0%	1 in 33

Biobot Wastewater Level (copies/mL)	% Infectious	Chances Infectious
1100	3.3%	1 in 30
1200	3.7%	1 in 27
1300	4.0%	1 in 25
1400	4.3%	1 in 23
1500	4.6%	1 in 22
2000	6.1%	1 in 16
2500	7.6%	1 in 13
3000	9.1%	1 in 11
4000	12.2%	1 in 8
5000	15.2%	1 in 7

Michael Hoerger, PhD, MSCR, MBA @michael_hoerger

Using the national measurements from Feb 2024, approx.

1 in 36

people were infectious with COVID.

How Does Risk Increase with More Social Contacts?

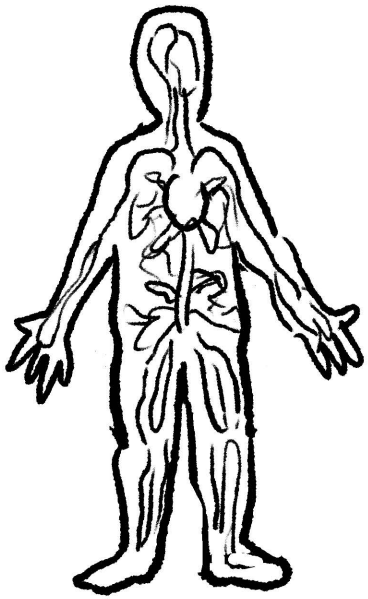
Number of People	Chances Anyone is Infectious	Number of People	Chances Anyone is Infectious
1	2.7%	25	48.9%
2	5.2%	30	55.4%
3	7.7%	35	61.0%
4	10.2%	40	65.9%
5	12.6%	50	73.9%
6	14.9%	75	86.7%
7	17.2%	100	93.2%
8	19.4%	150	98.2%
9	21.5%	200	99.5%
10	23.6%	300	>99.9%
15	33.2%	400	>99.9%
20	41.6%	500	>99.9%

You can see how the risk skyrockets with crowds.

U.S. residents can estimate how many people are infectious with COVID in *YOUR* area *NOW* with data from your nearest wastewater testing facility:

biobot.io/data/covid-19

COVID is really dangerous.

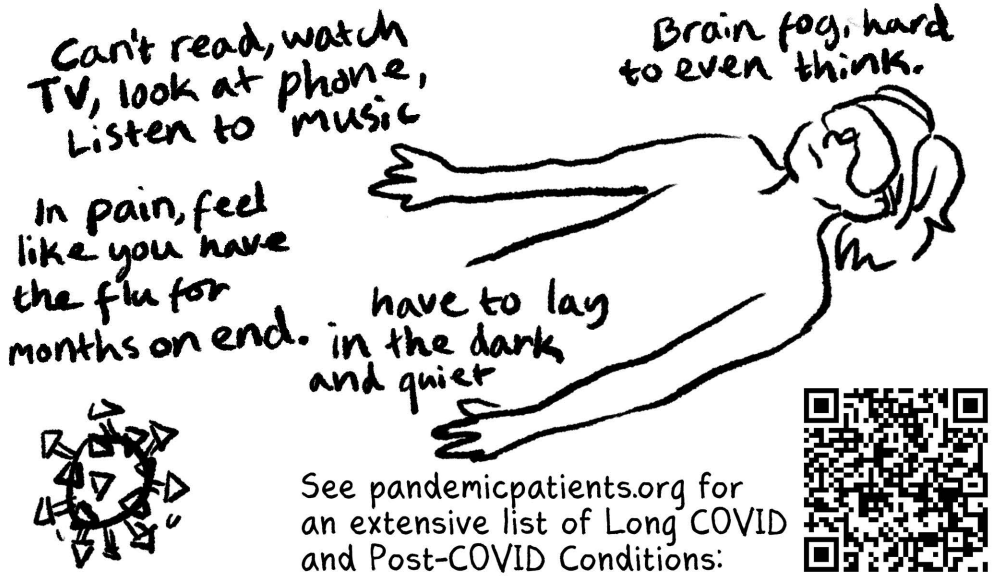


COVID isn't just a respiratory illness. It injurs the blood vessels[12] and can damage nearly *any organ, all over your body.*[13]

Even mild infections cause brain shrinkage equivalent to *aging 1 to 10 years.*[14]

Each infection has a ~1 in 10 chance of causing new, lasting symptoms, aka Long COVID.[15] This is true for kids *and* adults.[16]

Long COVID can present in all kinds of ways.[17] Even cases that start mild can become debilitating.


Can't read, watch TV, look at phone, Listen to music
Brain fog, hard to even think.
In pain, feel like you have the flu for months on end.
have to lay in the dark and quiet

See pandemicpatients.org for an extensive list of Long COVID and Post-COVID Conditions:

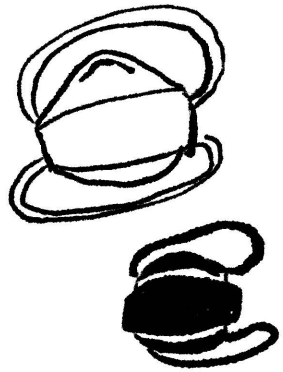
Seal check: Cover the surface with your hands. Can you feel the mask going *IN* when you inhale and *OUT* when you exhale? That's good.

If you feel any air leaking around the edges, the mask doesn't fit properly.[43]

To better know if a particular mask fits you, try a DIY fit test.[44]

Source control is ***better*** at stopping transmission than just the uninfected person wearing a mask! But both people masking is safest.[45]

3M Aura is a good disposable respirator.[46] (buy from a hardware store or stauffersafety.com, Amazon is full of fakes!)



EnvoMask Pro[47] and FloMask Pro[48] are good elastomerics.

Laianzhi HYX1002 is currently the best mask that comes in black.[49]

fit test results: testtheplanet.org

What we can do:

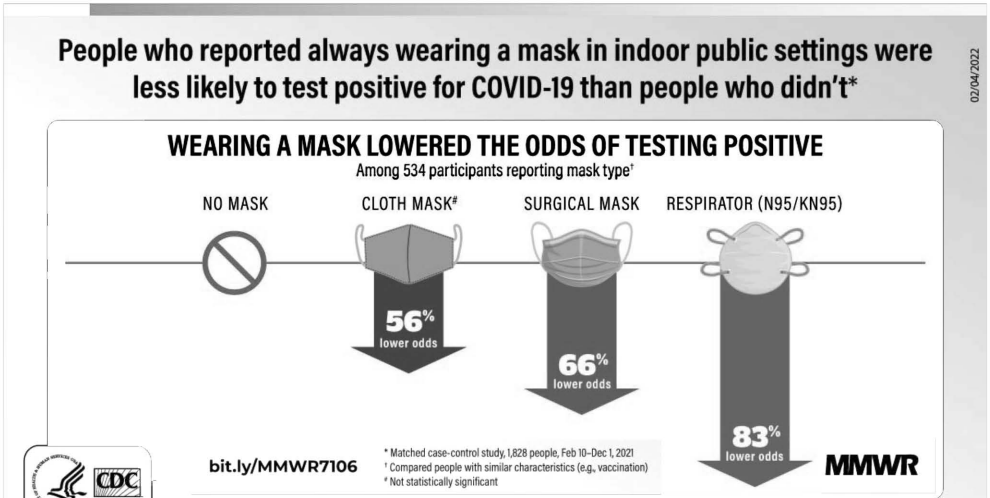
Don't breath COVID in. It's all about *MASKS* and *AIRFLOW*.

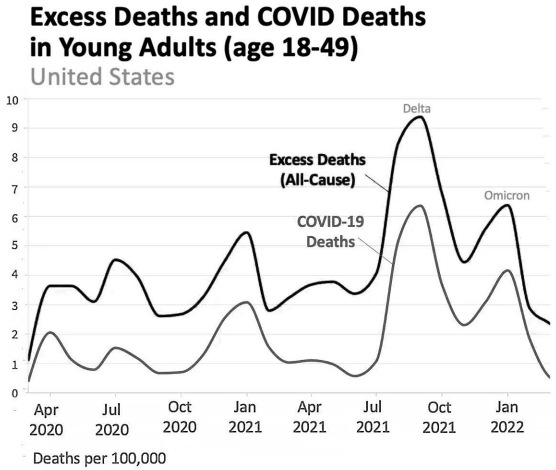
Wear a mask with N95 or better filtration (aka a respirator), and make sure there are no gaps. *A mask is only as good as its seal!*

Head-straps give a better seal than ear-loops,[39] and are more comfortable!

Elastomeric masks (reusable face piece, replaceable filters) give the ***best*** seal,[40] assuming the model fits your face![41]

N95+ filters trap particles with an electrostatic charge, which is why they're much better than cloth or surgical masks.[42]


People who reported always wearing a mask in indoor public settings were less likely to test positive for COVID-19 than people who didn't*
02/04/2022
WEARING A MASK LOWERED THE ODDS OF TESTING POSITIVE
Among 534 participants reporting mask type†
NO MASK
CLOTH MASK#
SURGICAL MASK
RESPIRATOR (N95/KN95)
56% lower odds
66% lower odds
83% lower odds
CDC
bit.ly/MMWR7106
* Matched case-control study, 1,828 people, Feb 10–Dec 1, 2021
† Compared people with similar characteristics (e.g., vaccination)
# Not statistically significant
MMWR

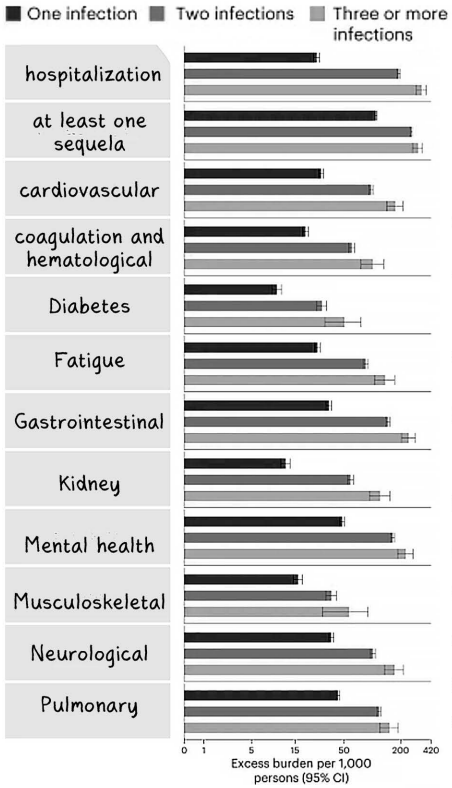


So far in 2024, at least 1,000 people are *officially* dying of COVID in the U.S. every week.[18]

Chances of having a heart attack[19] or stroke[20] go *way up* after a COVID infection, so it contributes to many more deaths than the official count.[21]

Repeat infections are hurting us.

Fig. 5: Cumulative risk and burden of sequelae in people with one, two and three or more SARS-CoV-2 infections compared to noninfected controls.



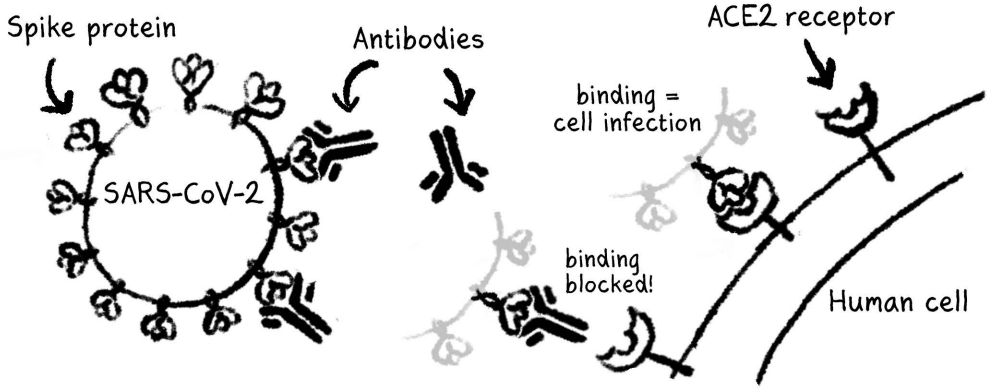
The chances of bad shit happening get higher each time you get infected.[22]

Viral fragments have been found in tissue samples even 12 months post-diagnosis. Viral persistence is a likely mechanism of Long COVID.[23]

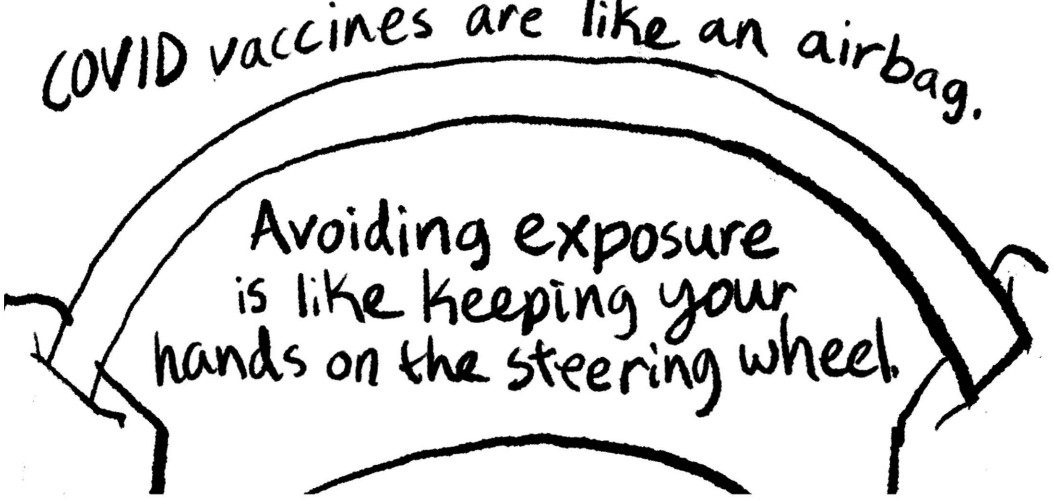
COVID disregulates the immune system, even in recovered patients.[24] We've seen outbreaks of RSV, monkeypox, polio, TB,[25] and more[26]--possible signs of widespread immune disfunction.[27]

Vaccines and "hybrid immunity" are not enough.

COVID vaccines create antibodies that fight infection. They've greatly reduced *hospitalization and death* from accute infection.[28] But antibody levels quickly decline over the following months.[29] Vaccines aren't stopping people from *getting infected, spreading COVID,*[30] and *long-term damage.*[31]

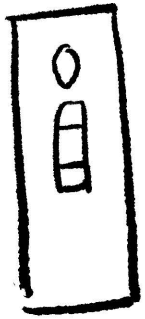


COVID keeps mutating, with new shapes in the spike protein that evade old antibodies.[32] You can get reinfected with a different variant, even within weeks.[33]



Rapid tests give a lot of false negatives.

Taking a single rapid test only successfully detects ~60% of early symptomatic infections and ~12% of asymptomatic infections.[34] The FDA now recommends repeat testing after a negative result.[35]



Positive: you have COVID.

Negative: you *might* have COVID. Try again in 48 hours, or get a PCR test, especially if you have symptoms or known COVID exposure.

Improve test accuracy by collecting a combined nose and throat sample![36]

Order free COVID tests (if covered by insurance):

fastlabtech.com

Instructions (from Ontario Health[37]):

Do NOT eat, drink, chew gum, smoke, or vape for at least 30 minutes before collecting the sample.

Find free testing locations:

testinglocator.cdc.gov

Blow your nose first. Wash your hands and only hold the swab opposite the soft swab tip.

1. Swab between the inner cheek and lower gum, on both sides. Then, swab your tongue, as far back as you can. *Or*, look in a mirror and swab your tonsils.[38]

2. Swab the nasal wall. Tilt your head back and insert the swab straight back (not up) until you hit resistance. Rotate several times. Then do the other nostril.